

## (1) PLACE OF BIRTH

County of *York*

Township of

or  
Inc. Town of

or

City of

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

9541

Registration District No. *4406*Registered No. *17*

(For use of Local Registrar)

(No.

St.;

Ward)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

## (2) Full Name of Child

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL

(4) Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)

(8) FULL NAME

FATHER

(14) NAME BEFORE MARRIAGE

MOTHER

(9) PRESENT POSTOFFICE OF FATHER

(15) PRESENT POSTOFFICE OF MOTHER

(10) COLOR OR RACE

(11) AGE AT LAST BIRTHDAY

(16) COLOR OR RACE

(17) AGE AT LAST BIRTHDAY

(12) BIRTHPLACE

(18) BIRTHPLACE

(13) OCCUPATION

(19) OCCUPATION

(20) Number of children born to mother, including present birth

(21) Number of children of this mother now living, including present birth

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child who was *alive* (Born alive or stillborn) (Hour A. M. or P. M.)on the date above stated *Premature birth* (Signature of Physician or Midwife) *W. H. H. H.*(23) State whether Physician or Midwife (24) Address of Physician or Midwife *York, S. C.*

Given name added from a supplemental report

(25) Signature of Witness necessary only when question 23 is signed by mark

(26) When there was no attending physician or midwife, then the father, householder, etc. should make this return. If a child breathes even once, it must be reported as stillborn. No report is required of stillbirths before the fifth month of pregnancy.

(27) When

(28) Local Registrar

A. F. Parker

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